



Date Form NC-3 (Rev. 11/97

### **DISCLOSURE REPORT** NONCANDIDATE COMMITTEE

please type or print clearly with ink (instructions for completing the disclosure report can be found in the "guid

SECTION I-NONCANDIDATE COMMITTEE:	1	COMD IN THE GUIDEBOUK POR NONCA	NOIDATE COMMITTEES, 7
(a) Committee Name:	1	I-TYPE OF REPORT:	
Hawaii Medical Service Association	(See the Se	chedule of Reporting Dates to	o complete this section)
Employee Political Action Committee	[xx] Prelimi	nary Primary [ ] Amen	ded
(b) Mailing Address: PO Box 860	[ ] Final Pi	COMMISSION	
Honolulu, HJ 96808-0860	[] Prelimij	gary Genarál 3 A 1:12 RE	PORTING PERIOD
(c) Phone (Bus) (Res) 808-948-6297	Fine: FI	ention Revised	
Treasurer's	1	Refaice VIII	through09/08/06
	Suppler	homal daw i V be and	
SECTION III (Part 1)-SUMMARY OF (Complete Section III (Part 2) on the Second Ha	alf of this Form	ND DISBURSEMENTS Before Completing This Section COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
<ol> <li>Cash on Hand at the Beginning of the Election Period (Continuing Committee time the Organizational Report was Filed (New Committee)</li></ol>	mittee) OR at		
on the digalizational report was rised (New Committee)	************		\$13,680.20
2. Cash on Hand at the Beginning of this Reporting Period	FFITEFERSHERESHARA	\$18,812.36	
3. Total Receipts (From Line 11, Column A and B)	******	\$16,031.99	\$29,714.15
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Colum	ın B)	\$34,844.35	\$43,394.35
5. Total Disbursements (From Line 14, Column A and B)	\*F<+F2.04.44+>4.0+4.04	\$13,750.00	\$22,300.00
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 f. Columns A and B)	rom Line 4 for		\$21,094.35
SECTION III (Part 2)-DETAILED SUMMAF (If Necessary, Complete Schedules A thr	RY OF RECEIP ough D Before	TS AND DISBURSEMENTS Completing This Section)	
7. Monetary Contributions of \$100 or Less	*********	\$2,451.50	\$3,200.50
8. Non-Monetary Contributions of \$100 or Less	934 <i>9</i> 464P422344643624	\$0	\$0
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$1 (Schedule A, Line 2 for Column A)	00	\$13,576.50	\$26,503.50
10. Other Receipts (Schedule D, Line 2 for Column A)	**********	\$3.99	\$10.15
11. Total Receipts (Add Lines 7 through 10 for Columns A and B)	***********	\$16,031.99	\$29,714.15
DISBURSEMENTS			
12. Contributions To Candidates (Schedule B, Line 2 for Column A)	<b>-</b> 1.74767434144425474	\$13,750.00	\$22,300.00
13. Expanditures (Schedule C, Line 2 for Column A)	*******	\$0	\$0
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B)		\$13,750.00	\$22,300.00
t hereby certify that the information on this report and all attached Schedules	are true, corr	ect and complete to the best of	my knowledge.
Mile Sayam 9-12-06	-laus	le a New	9/12/06
Committee Chairperson Signature Date	Treasurer Sign	ndture	Date .

### SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. NONCANDIDATE COMMITTEE NAME: PAGE Hawaii Medical Service Association Employee Political Action Committee 0= 6

DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE		
DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	OF NON-MONETARY CONTRIBUTION	AGGREGATE ELECTION PERIOR	
	[ ] NON-MONETARY CONTRIBUTION		THIS PERIOD	TOTAL TO DAT	
3/24/06	Kathleen Akimoto 1459 Honokahua st. Honolulu, HI 96825	Hawaii Medical Service Assoc.	200.00	350.00	
		Director			
	[ ] NON-MONETARY CONTRIBUTION				
3/24/06	William Bourne 1627 Kalaniuka Way Honolulu, HI 96821	Hawaii Medical Service Assoc.	150.00	150.00	
		Medical Director			
	[ ] NON-MONETARY CONTRIBUTION			<del></del>	
3/24/06	Michael Cheng 1341 Kapiolani Blvd. #23 B Honolulu, HI 96814	Hawaii Medical Service Assoc.	250.00	1000.00	
	,	Executive			
	I I NON-MONETARY CONTRIBUTION			***************************************	
3/24/06	Edmund China 759 A 9th St. Honolulu, HI 96816	Hawaii Medical Service Assoc.	400.00	700.00	
	11011011111, 111 00010	Executive		700.00	
	( ) NON-MONETARY CONTRIBUTION				
3/24/06	Jennifer Diesman 3436 Nihipali Place Honolulu, HI 96816	Hawaii Medical Service Assoc.	150.00	150.00	
	113113111111111111111111111111111111111	Director	.00,00	100.00	
	[ ] NON-MONETARY CONTRIBUTION				
3/24/06	Stacy Evensen 45-744 Ko Street	Hawaii Medical Service Assoc.	500.00	500.00	
	Kaneohe, HI 96744	Vice President	300.00	500.00	
	I NON-MONETARY CONTRIBUTION		<u> </u>		
3/24/06	] pr	Hawaii Medical Service Assoc.	100.00	200.00	
	TIOTOLIU, TI 90010	Manager	100,001	200.00	

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE)..... 2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

#### SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES ISochedule CI.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOL	ICITING CONTRIBUTIO	NS OR FOR A	NY COMMERCIAL	PURPOSE	
NONCANDIDATE COMMITTEE NAME:		4		TOTA COE.	·····
Hawaii Medical Service Association Employee Political Action Committee	PAGE	1	OF	6	

1	DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	CONTRIBUTION OR FAIR MARKET VALUE		
1   NON-MONETARY CONTRIBUTION   Wally Hirai   98-1867 Piki St.   Alea, HI 96701				CONTRIBUTION	AGGREGATE ELECTION PERIO	
Assistant Vice President	3/24/06	Wally Hirai 98-1867 Piki St.			450.00	
Linda Katagiri			Assistant Vice President			
Executive	3/24/06	Linda Katagiri 1417 Akiahala St.	Hawaii Medical Service Assoc.	400.00	1000.00	
Wendell Oda			Executive			
Sum   Sum		1	Hawaii Medical Service Asses			
1   NON-MONETARY CONTRIBUTION   Suzie Shimizu   1475 Apona St.   Honolulu, HI 96819   150.00   300.00	3/24/06	801 S. King St. #2208	Trawaii Medical Service Assoc.	300.00	500.00	
Suzie Shimizu			Executive			
Director     Director       Director	3/24/06	Suzie Shimizu 1475 Apona St.	Hawaii Medical Service Assoc.	150.00	300.00	
Timothy Tanabe   94-1029 Lelepua Pl.   Waipahu, HI 96797   Employee   100.00   100.00		Terrorata, Fri dod fo	Director		000.00	
Employee  [ ] NON-MONETARY CONTRIBUTION  Douglas Auten 44-527 Kaneohe Bay Drive Kaneohe, HI 96744  Director  [ ] NON-MONETARY CONTRIBUTION  Georgiana Fujita 503 Anolani St. Honolulu, HI 96821  Employee  Hawaii Medical Service Assoc.  150.00  150.00  150.00  150.00  150.00  150.00  150.00	3/24/06	Timothy Tanabe 94-1029 Lelepua Pl.	Hawaii Medical Service Assoc.	100.00	100.00	
Douglas Auten 44-527 Kaneohe Bay Drive Kaneohe, HI 96744  Director  I I NON-MONETARY CONTRIBUTION Georgiana Fujita 503 Anolani St. Honolulu, HI 96821  Hawaii Medical Service Assoc.  150.00  150.00  Hawaii Medical Service Assoc. 250.00  1000.		Transparia, 777 007 07	Employee		100.00	
4/4/06		NON-MONETARY CONTRIBUTION				
Director    I   Non-Monetary Contribution   Georgiana Fujita   Hawaii Medical Service Assoc.   4/4/06   503 Anolani St.   Honolulu, HI 96821   250.00   1000.	4/4/06	44-527 Kaneohe Bay Drive	Hawaii Medical Service Assoc.	150.00	150.00	
Georgiana Fujita Hawaii Medical Service Assoc.  4/4/06 Honolulu, HI 96821 250.00 1000.		, Caricolle, 111 307 44	Director		100.00	
	4/4/06	Georgiana Fujita 503 Anolani St.	Hawaii Medical Service Assoc.	250.00	1000.00	
Schol vice riesident		1000/did, 111 3002 1	Senior Vice President		1000.00	

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

## SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES ISCHARLING CI.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICI NONCANDIDATE COMMITTEE NAME:	TING CONTRIBUT	ONS OR FOR A	NY COMMERC	CIAL PURPOSE.
MONONITORINA I LEC NAME:	PAGE	4		^
Hawaii Medical Service Association Employee Political Action Committee	FAGE	ŧ	OF	ь
Hawaii Wedical Service Association Employee Folitical Action Committee	***************************************			

REQUIRED IF AGGREGATE IS MORE THAN \$100 AMOUNT OF FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR NAME OF EMPLOYER CONTRIBUTION OR FAIR MARKET VALUE (IF INDIVIDUAL) OF NON-MONETARY DATE OF AGGREGATE OCCUPATION DEPOSIT CONTRIBUTION ELECTION PERIOD IF A DEPENDENT MINOR, ENTER NAME OF PARENT (IF INDIVIDUAL) THIS PERIOD TOTAL TO DATE NON-MONETARY CONTRIBUTION James Kadota Hawaii Medical Service Assoc. 4/4/06 608 Eaea Pl. 150.00 300.00 Honolulu, HI 96825 Director NON-MONETARY CONTRIBUTION Norman Mathews Hawaii Medical Service Assoc. 4/4/06 555 University Avenue, #2307 500.00 500.00 Honolulu, HI 96828 Executive ( ) NON-MONETARY CONTRIBUTION Hawaii Medical Service Assoc. Gwen Miyasato 4/4/06 1000.00 1000.00 Executive I NON-MONETARY CONTRIBUTION Paul Schnur Hawaii Medical Service Assoc. 4/4/06 47-137 Kaimalolo Place 300.00 800.00 Kaneohe, HI 96744 Executive 1 NON-MONETARY CONTRIBUTION James Walsh Hawaii Medical Service Assoc. 4/4/06 94-304 Kamalei St. 500.00 500.00 Mililani, HI 96789 Executive [ ] NON-MONETARY CONTRIBUTION Gerry Wong Hawaii Medical Service Assoc. 4/4/06 2876 Komaia Place 300.00 Honolulu, HI 96822 450.00 Executive NON-MONETARY CONTRIBUTION Cliff Cisco Hawaii Medical Service Assoc. 5321 Kahalakua St. 4/12/06 250.00 1000.00 Honolulu, HI 96821 Senior Vice President

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (THIS PAGE).

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).

\$3000.00

#### SCHEDULE A

### MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:	NG CONTRIB	OTIONS OR FOR A	NY COMME	ICIAL PURPOSE.
	PAGE	1	OF	6
Hawaii Medical Service Association Employee Political Action Committee				

	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE		
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD	
4/12/06	Lauren Lee 45-125 Pookela Place Kaneohe, HI 96744	Hawaii Medical Service Assoc.	100.00	200.00	
		Manager			
4/12/06	[ ] NON-MONETARY CONTRIBUTION  Jane Miyake  380 Haleloa Place Apt. H  Honolulu, HI 96821-2274	Hawaii Medical Service Assoc.	171.00	330.00	
		Director			
4/12/06	Deb Taira 7413 Makaa St. Honolulu, HI 96825	Hawaii Medical Service Assoc.	200.00	400.00	
	Manager	Manager		400.00	
4/12/06	Wendy Nakasone-Mooney 95-1002 Ahulili St.	Hawaii Medical Service Assoc.	100.00	300.00	
	Kailua, HI 96789	Director		000.00	
5/1/06	David Chang 1983 Ala Mahamoe Place Honolulu, HI 96816	Hawaii Medical Service Assoc.	300.00	600.00	
	110110110110	Executive			
5/1/06	Dr. Richard Chung 77-24 Kalohelani Pl.	Hawaii Medical Service Assoc.	500.00	1000.00	
	Honolulu, HI 96825	Senior Vice President	300.00	1000.00	
5/1/06	I I NON-MONETARY CONTRIBUTION  Robert Hiam  1020 Waiiki Street  Honolulu, HI 96821	Hawaii Medical Service Assoc.	1000.00	1000.00	
	11010010111100021	President CEO		1000.00	

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

#### SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS **NONCANDIDATE COMMITTEE**

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DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE
DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	CONTRIBUTION THIS PERIOD	ELECTION PERIO
5/1/06	Arlene Kam 2217 Hyde Street Honolulu, HI 96822	Hawaii Medical Service Assoc.	100.00	200.00
	110101010,111 00022	Manager		
5/1/06	[ ] NON-MONETARY CONTRIBUTION Gina Marting 252 Kahaho St. Kailua, HI 96734	Hawaii Medical Service Assoc.	300.00	600.00
		Director		
5/1/06	( ) NON-MONETARY CONTRIBUTION  William Tobin  95-201 Ahoka Pl  Mililani, HI 96789	Hawaii Medical Service Assoc.	100.00	200.00
	William, 11 30703	Employee		
5/15/06	I I NON-MONETARY CONTRIBUTION  John Jacobs 1005 Kailua Rd. Apt G1 Kailua, HI 96734	Hawaii Medical Service Assoc.	500.00	1000.00
	Randa, Fit 90734	Executive		1000.00
5/22/06	I ) NON-MONETARY CONTRIBUTION  Amy Jampel 1525 Wilder Ave #407 Honolulu, HI 96822	Hawaii Medical Service Assoc.	300.00	600.00
	11011010101, 111 30022	Executive		000.00
· · · · · · · · · · · · · · · · · · ·	[ ] NON-MONETARY CONTRIBUTION			
6/13/06	Edward Van Lier Ribbink 44-024 Aumoana Pl Kaneohe, Hl 96744	Hawaii Medical Service Assoc.	1000.00	1000.00
and the state of t	1.01.007.007.44	Executive CFO	The state of the s	
6/28/06	Lloyd Kishi 95-129 Paia Place Mililani, HI 96789	Hawaii Medical Service Assoc.	100.00	200.00
		Manager	Permanana Permanan	
SUBTOTAL	OF MONETARY AND NON-MONETARY CONTRIBUTIONS T			\$2400.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN AI.

# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:	PAGE	4	OF.	c
Hawaii Medical Service Association Employee Political Action Committee	1714	· · · · · · · · · · · · · · · · · · ·		0

<b>.</b> . <b></b>	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE		
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE	
8/14/06	Gecila A. Aquino 724 Mokauea St. Honolulu, HI 96819	Hawaii Medical Service Assoc.	70.00	130.00	
	71071070707	Employee			
8/14/06	[ ] NON-MONETARY CONTRIBUTION Francis Bilek PO Box 4383 Kaneohe, HI 96744	Hawaii Medical Service Assoc.	0.00	104.00	
	10010,11100744	Employee	all the second of the second o		
8/14/06	Linda Bilek PO Box 4383 Kaneohe, HI 96744	Hawaii Medical Service Assoc.	12.00	124.00	
-	Naticolle, 111 30744	Manager		,	
8/14/06	Rosaline Campbell 1425 Punahou St. # 403	Hawaii Medical Service Assoc.	35.00	105.00	
	Honolulu, HI 96822	Employee	00.00	100.00	
8/14/06	Paul Connell 95-1177 Makaikai Street, #155	Hawaii Medical Service Assoc.			
	Mililani, HI 96789	Manager	65.00	205.00	
8/14/06	James Cooper 7256 Pulehu Street Honolulu, HI 96025	Hawaii Medical Service Assoc.	70.00	290.00	
	Tionoldia, Tri 30020	Employee		∠30.00	
8/14/06	Raquel Craven 1017 Alewa Drive #E1	Hawaii Medical Service Assoc.	0.00	105.00	
	Honolulu, HI 96817	Manager	0.00	100.00	

DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

### SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES ISobedule C).

HEMINDER: NON-MONE (ARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES ISCHARGE C).					
NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOL	LICITING CONTRIBUTI	ons or for a	NY COMMERCIAL	PURPOSE.	
NONCANDIDATE COMMITTEE NAME:	PAGE	1	OF	6	
Hawaii Medical Service Association Employee Political Action Committee			<del></del>		

	*REQUIRED IF AGGREGATE IS MORE THAN \$100 RLL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR (IF INDIVIDUAL)		AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	AGGREGATE	
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	CONTRIBUTION THIS PERIOD	ELECTION PERIOD TOTAL TO DATE	
8/14/06	[ ] NON-MONETARY CONTRIBUTION  Carolyn Gire  5628 Halekamani Street  Honolulu, HI 96821	Hawaii Medical Service Assoc.	275.00	975.00	
	Hollolulu, Fil 9002 i	Executive			
8/14/06	[ ] NON-MONETARY CONTRIBUTION Alan Goto 2764A Booth Road	Hawaii Medical Service Assoc.	50.00	490.00	
	Honolulu, HI 96813	Employee			
8/14/06	Paul Goto 1780 Hanahanai Place	Hawaii Medical Service Assoc.	56.00	156.00	
And the second s	Honolulu, HI 98621	Director			
8/14/06	Joyce Hong 2124 Ala Mahanase Street	Hawaii Medical Service Assoc.	70.00	210.00	
	Honolulu, HI 96819	Manager		Average and a second se	
8/14/06	Robert Low 1710 Punahou Street, #203	Hawaii Medical Service Assoc.	87.5	262.50	
	Honolulu, HI 96822	Supervisor			
8/14/06	[ ] NON-MONETARY CONTRIBUTION  Fumie Lum 2961-B Kalawao Place	Hawaii Medical Service Assoc.	70.00	210.00	
	Honolulu, HI 96822	Supervisor			
8/14/06	Kevin Matsumoto 854 Hahaione Street	Hawaii Medical Service Assoc.	42.00	126.00	
	Honolulu, HI	Manager			

<sup>2.</sup> TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A)

# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

NONCANDIDA	OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON TE COMMITTEE NAME:			
	ical Service Association Employee Political Action	Committee PAGE	1 OF	6
	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	CONTRIBUTION OR FAIR MARKET VALUE	
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
8/14/06	[ ] NON-MONETARY CONTRIBUTION Alice K. Mauia PO Box 67 Laie, HI 96762	Hawaii Medical Service Assoc.	70.00	210.00
	Laic, 111 90702	Employee		
8/14/06	[ ] NON-MONETARY CONTRIBUTION Richard Mitsunaga 98-1068 Kaonohi Street Aiea, HI 96701	Hawaii Medical Service Assoc.	0.00	120.00
	Alea, 111 307 01	Employee		
8/14/06	Jane Miyake 380-H Haleloa Place Honolulu, HI 96821	Hawaii Medical Service Assoc.	171.00	330.00
	Tionolaru, Tii Ooozi	- Director		
8/14/06	Michael Moss 217 Prospect Street, #A-10 Honolulu, HI 96813	Hawaii Medical Service Assoc.	70.00	210.00
		Manager		
8/14/06	Clifford Nishikawa 95-119 Lewanuu Place Mililani, HI 96789	Hawaii Medical Service Assoc.	140.00	420.00
	William, Tit 30700	Employee		
8/14/06	Brant Nishizuka 1255 Nuuanu Ave, #711 Honolulu, HI 96817	Hawaii Medical Service Assoc.	70.00	210.00
	Honorau, Tri 300 17	Manager		
8/14/06	( ) NON-MONETARY CONTRIBUTION  Wesley Oda  801 S King Street, #2208  Honolulu, HI 96813	Hawaii Medical Service Assoc.	140.00	345.00
	Honolau, in 20013	Executive		- ·

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE

DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A)....

#### SCHEDULE A

### MONETARY AND NON-MONETARY CONTRIBUTIONS **NONCANDIDATE COMMITTEE**

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schooling C).

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	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY	
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	( ) NON-MONETARY CONTRIBUTION			
8/14/06	Susan Oshiro PO Box 552 Ka'apa, HI 96746	Hawaii Medical Service Assoc.	35.00	105.00
		Employee		
8/14/06	[ ] NON-MONETARY CONTRIBUTION  Donni-Rae Pang  511 Liliha Place  Honolulu, HI 96817	Hawaii Medical Service Assoc.	42.00	126.00
		Employee		
	[ ] NON-MONETARY CONTRIBUTION			
8/14/06	Alberta Rodrigues 1273 California Avenue Wahiawa, HI 96786	Hawaii Medical Service Assoc.	35.00	105.00
	VVa:nawa, 1 11 007 00	Employee		
······································	[ ] NON-MONETARY CONTRIBUTION			<del></del>
8/14/06	Daniel Sciaroni 3-3295 Kuhio Hwy Lihue, HI 96766	Hawaii Medical Service Assoc.	70.00	210.00
	2.1140, 1.1100, 00	Employee		
	[ ) NON-MONETARY CONTRIBUTION			
8/14/06	Laurie Sickels 2407 E. Manoa Road Honolulu, HI 96822	Hawaii Medical Service Assoc.	70.00	210.00
	110110101010, 111 30022	Employee	. 0,00	2.10.00
	[ ] NON-MONETARY CONTRIBUTION			
8/14/06	Michael Stollar 5850 Haleola Street	Hawaii Medical Service Assoc.	275.00	975.00
	Honolulu, HI 96821	Executive		875.00
·····	[ ] NON-MONETARY CONTRIBUTION			
8/14/06	Carol Takano 1457 Kawelu Street Pearl City, HI 96782	Hawaii Medical Service Assoc.	70.00	210.00
	, can ony, in 30702	Director	210	, 5.50
SUBTOTAL	OF MONETARY AND NON-MONETARY CONTRIBUTIONS T	THE DEDICTO COMPANY		\$597.00

2. TOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 9, COLUMN A).....

# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS NONCANDIDATE COMMITTEE

REMINDER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NONCANDIDA	TE COMMITTEE NAME:	PAGE	1 OF	6
Hawaii Med	ical Service Association Employee Political Action		1 0,	
	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	*REQUIRED IF AGGREGATE IS MORE THAN \$100 NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE	
DATE OF DEPOSIT	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION (IF INDIVIDUAL)	OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
8/14/06	Nancy Wheeler 95-701 Lauawa Street Millani, HI 96789	Hawaii Medical Service Assoc.	70.00	210.00
	,	Manager		
8/14/06	[ ] NON-MONETARY CONTRIBUTION  Marlene Yam  PO Box 6143  Kaneohe, HI 96744	Hawaii Medical Service Assoc.	140.00	180.00
	Natione, 11 30744	Employee		
8/14/06	Cheryl Yasunaga 1919-C Fern Street	Hawaii Medical Service Assoc.	35.00	105,00
	Honolulu, HI 96826	Employee		
8/14/06	[ ] NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
	[ ] NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
8/14/06		Employee		
8/14/06	[ ] NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
	[ ] NON-MONETARY CONTRIBUTION	Hawaii Medical Service Assoc.		
8/14/06			The state of the s	
1. SUBTOTAL	OF MONETARY AND NON-MONETARY CONTRIBUTIONS	THIS PERIOD (THIS PAGE)		\$245.00
. TOTAL OF	MONETARY AND NON-MONETARY CONTRIBUTIONS THIS REPORT, SECTION III (PART 2), LINE 9, COLUMN A)	S PERIOD (LAST PAGE THIS LINE ONLY) (ENTER	TOTAL ON THE	\$13,576.50

# SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

NONCANDIDATE COMMITTEE NAME: PAGE 1 OF 1
Hawaii Medical Service Employee Political Action Committee

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
1/5/06	Friends of Jon Riki Karamatsu P.O. Box 970146 Waipahu, HI 96797	150.00	250.00
1/11/06	Friends of Donna Mercado Kim 1528 Onipa'a St. Honolulu, HI 96819	250.00	250.00
2/21/06	Friends of Dwight Takamine 624 12th Avenue Honolulu, HI 96816	300.00	500.00
2/21/06	Ohana O Marilyn P.O. Box 893711 Mililani, HI 96789	300.00	500.00
2/21/06	Friends of Michael P. Kahikina P.O. Box 2512 Wainae, HI 96792	200.00	300.00
3/3/06	Democratic Party of Hawaii P.O. Box 167 Honolulu, HI 96810	5000.00	6000.00
3/7/06	Good Friends of Kyle Yamashita P.O. Box 880989 Pukalani, HI 96788	250.00	550.00

# SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

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The state of the s	est of societime contributions	OR FOR A	NY COMMERCIAL	PURPOSE.
NONCANDIDATE COMMITTEE NAME:				
* ** * * * * * * * * * * * * * * * * *	PAGE	4	OF	4
Hawaii Medical Service Employee Political Action Committee		1	V.	1
riawan Medical Cervice Employee Political Action Collinititee	<del>\(\tau\)</del>		<del></del>	

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
3/7/06	Friends of Ryan Yamane 94-1466 Okupu St. Waipahu, HI 96797	150.00	400.00
3/7/06	Friends of Mark Moses 92-339 Akaula St. Kapolei, Hl 96707	100.00	100.00
3/7/06	Friend of Mark Takai P.O. Box 2267 Pearl City, HI 96782	100.00	100.00
3/10/06	Friends of Scott Nishimoto 2442 Kaala St. Honolulu, HI	150.00	250.00
3/20/06	Friends of Kymberly Pine P.O. Box 2635 Eva Beach, HI 96706	150.00	150.00
3/20/06	Friends of Roy Takumi P.O. Box 1649 Pearl City, HI 96782	150.00	300.00
3/20/06	Friends of Maile Shimabukuro P.O. Box 2043 Wai'anai, HI 96792	150.00	300.00

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE).

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSUME REPORT, SECTION III (PART 2), LINE 12, COLUMN A).

### SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:
Hawaii Medical Service Employee Political Action Committee

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
3/22/06	Friends of Glenn Wakai 1541 Alalani St. Honolulu, HI 96819	150.00	400.00
3/22/06	Friends of Bob Herkes PO Box 313 Volcano, HI 96785	500.00	500.00
3/27/06	Friends of Josh Green PO Box 390028 Keahou, HI 96739	300.00	550.00
3/27/06	Friends of Souki PO Box 632 Wailuku, HI 96793	200.00	400.00
4/21/06	Friends of Lyla Berg PO Box 240634 Honolulu, HI 96824	150.00	300.00
3/27/06	Friends of Michael Magaoay PO Box 977 Waialua, HI 96791	250.00	850.00
4/13/06	Friends of Cynthia Thielen PO Box 996 Kailua, HI 96734	150.00	150.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT.

SECTION III (PART 2), LINE 12, COLUMN A)

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)......

# SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:	PAGE	1	OF	1
Hawaii Medical Service Employee Political Action Committee	***************************************	*		,

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
4/13/06	Friends of Blake Oshiro PO Box 1473 Aiea, HI 96701	400.00	700.00
4/13/06	Friends of Sylvia Luke PO Box 2804 Honolulu, HI 96803	400.00	700.00
4/13/06	Friends of Ken Ito PO Box 4354 Kaneohe, HI 96744	150.00	300.00
4/14/06	Friends of Clift Tsuji 1382 Auahi Place Hilo, HI 96720	200.00	350.00
4/14/06	Friends of Will Espero 91-944 Waihua Place Eva Beach, HI 96706	200.00	400.00
4/14/06	Friends of Pono Chong 45-934 Kamehameha Highway Kaneohe, HI 96824	200.00	750.00
4/21/06	Time for Barbara Marumoto PO Box 2274 Honolulu, HI 96804	150.00	350.00
			· · · · · · · · · · · · · · · · · · ·

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)......

## SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

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			-	
NONCANDIDATE COMMITTEE NAME:	PAGE	1	OF	1
Hawaii Medical Service Employee Political Action Committee	***************************************			

OATE OF CONTRIBUTION	full name, street address, city, state and zipcode of candidate	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
4/24/06	Friends of Tommy Waters PO Box 411 Waimanolo, HI 96795	150.00	350.00
5/3/06	Friends for Kam Tanaka	100.00	100.00
5/9/06	Friends for Roz Baker PO Box 10394 Lahaina, HI 96761	350,00	850.00
5/9/06	Friends for Brian Taniguchi 2140 Armstrong Street Honolulu, HI 96822	400.00	700.00
5/15/06	Friends of Donovan Dela Cruz PO Box 860340 Wahiawa, HI 96786	100.00	200.00
5/17/06	Right on Sonson PO Box 970084 Waipahu, HI 96797	250.00	400.00
6/1/06	Friends of Charles Djou PO Box 22011 Honolulu, HI 96823	100.00	200.00

SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE).

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## SCHEDULE B CONTRIBUTIONS TO CANDIDATES NONCANDIDATE COMMITTEE

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NONCANDIDATE COMMITTEE NAME:
Hawaii Medical Service Employee Political Action Committee

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
6/12/06	Friends of Kirk Caldwell PO Box 61208 Honolulu, HI 96839	500.00	800.00
8/8/06	Friends of Kymberly Pine PO Box 2635 Eva Beach, HI 96706	250.00	250.00
8/14/06	Friends of Bob Nakasone 140 Alamaha St. Kahului, HI 96732	200.00	350.00
8/14/06	Friends of Suzanne Chun Oakland 603-E Kunawai Lane Honolulu, HI 96817	200.00	400.00
8/14/06	Good Friends of Kyle Yamashita PO Box 880989 Pukalani, HI 96788	250.00	550.00
8/24/06	Friends of Souki PO Box 632 Wailuku, HI 96793	100.00	500.00
100 processor (100 pr			

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)......

1500.00

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).

\$13,750.00

#### SCHEDULE C EXPENDITURES NONCANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. NONCANDIDATE COMMITTEE NAME: PAGE OF Hawaii Medical Service Employee Political Action Committee AMOUNT OF PAID EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY DATE FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION OF PURPOSE OF EXPENDITURE OR DESCRIPTION OF CONTRIBUTION EXPENDITURE NON-MONETARY CONTRIBUTION THIS PERIOD 1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE)..... 2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 13, COLUMN AI....

Form NC-3(C) (Rev. 11/97)

### SCHEDULE D OTHER RECEIPTS NONCANDIDATE COMMITTEE

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NUNCANUIDATE COMMITTEE NAME:		PAGE		
Hawaii Medi	cal Service Employee Political Action Committee	1 73 Sal Su-	1 0	F1
DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
1/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.49	\$6.65
2/28/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.44	\$7.09
3/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.42	\$7.51
4/28/06	Fìrst Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.47	\$7.98
5/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.54	\$8.52
6/30/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.53	\$9.05
7/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.55	\$9.60
1. SUBTOTAL C	F OTHER RECEIPTS THIS PERIOD (THIS PAGE)	<u> </u>		
2. TOTAL OF O	THER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) JENTER!	TOTAL ON THE DISCLOSURE REPORT, RECTIO	**************************************	\$3.44
LINE 10, COLUMN	A	= www.weitz.neroni, accinc	OF BUTARUZ,	

### SCHEDULE D OTHER RECEIPTS NONCANDIDATE COMMITTEE

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NONCANDIDAT	E COMMITTEE NAME:	The Folk of Controlling Contraduction	<del></del>		
	cal Service Employee Political Action Committee	PAGE	1 OF	1	
nawaii ivieuic	al Service Employee Folitical Action Committee				
DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF		AMOUNT OF OTHER RECEIPT	AGGREGATE ELECTION PERIOD	
DEPOSIT	SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	THIS PERIOD	TOTAL TO DATE	
8/31/06	First Hawaiian Bank PO Box 1959 Honolulu, HI 96805-1959	Interest	\$0.55	\$10.15	
1 SHRTOTAL OF OTHER RECEIPTS THIS REGION					
SUBTOTAL OF OTHER RECEIPTS THIS PERIOD (THIS PAGE)      TOTAL OF OTHER RECEIPTS THIS PERIOD (LAST PAGE THIS LINE ONLY) SENTER TOTAL ON THE DISCLOSURE REPORT, SECTION IN SPART 2).					
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